

MEETING FAMILY PLANNING GOALS

Relevant for: Developmental Issues | Topic: Health & Sanitation and related issues

Newborns at Wadia Hospital in Mumbai. | Photo Credit: Emmanuel Yogini

India's family planning programme has improved access to contraceptives. This has led to a reduction in the Total Fertility Rate from 3.4 in 1990-92 to 2.0 in 2019-21, according to the National Family Health Survey (NFHS). However, there are two themes that need further attention. First, according to NFHS-5 and the 2022 report by the United Nations Population Fund, there is a rise in adolescent childbearing in some States such as Tripura and Meghalaya. Second, COVID-19 has had a severe impact on economic resources and access to education, thereby influencing the choices women and the youth make about their sexual and reproductive health. In order to meet the Sustainable Development Goal of Family Planning by 2030, India now needs to focus on improving access to family planning services for not just the adult population, but also the youth.

In India, frontline health workers have contributed significantly in implementing Mission Parivar Vikas, which aims to accelerate access to high-quality family planning choices, to successfully increase the modern Contraceptive Prevalence Rate (mCPR), especially among female non-users from vulnerable communities. They have achieved this by delivering contraceptives at homes and offering a wider basket of alternatives such as injectable contraceptives. However, there are still many districts in India that have low mCPR, with a large proportion of them being the youth. We need to strengthen the capacity of health workers in using the Family Planning Logistics Management Information System — a dedicated software to ensure the smooth forecasting, procurement and distribution of family planning commodities across all the levels of health facilities — to ensure the availability of and access to contraceptives by marginalised communities.

Family planning interventions need to be tailored around the diversity of contexts, health needs, and populations for whom the intervention is to be implemented. The youth are not a homogenous group. We need to answer key questions pertaining to the sexual reproductive health needs of adolescents with varying profiles such as males and females who are in school, out of school, married, unmarried, and so on.

These are key considerations in planning and designing programmes. There is a need to break down the data by key characteristics in order to reach specific groups of people in order to have the greatest impact. Moreover, when addressing younger populations, holistic health awareness programmes on the right age of marriage, safe sexual behavior, contraception, reproductive health, and diet diversity are paramount. It is only by working holistically on overall health goals and addressing social determinants can we ensure equitable family planning services for both adults and young people.

We have still not involved men as much as we can in the family planning programme. Certain gender transformative approaches have shown promising results in various places. For instance, The Men in Maternity (MiM) study conducted in Delhi demonstrated the effectiveness of teaching young couples about contraceptives and promoting joint decision-making in choosing family planning methods. Several other examples of involving men in the family planning discourse include the PRACHAR project in Bihar, the Yaari Dosti programme in Mumbai, and the GEMS project in Goa.

Many of the programmes in public health have also started leveraging the capabilities of the

private sector to improve service delivery. For instance, leveraging India Post and partnering with a third-party logistics partner through the Informed Push Model showcases how the private sector can be effectively engaged to provide family planning products at health facilities and make them available when the community needs them. The private sector can offer innovative solutions in family planning, thereby improving the community's access to services.

India needs to develop an equitable model that meets the needs of the youth and adolescents. In several districts, more than one-fifth of the population in the adolescent age group are now entering the reproductive age group. Thus, building capacity among health workers, addressing intersectionality, engaging men in the discourse of family planning, and drafting innovative solutions through effective public and private partnerships can greatly improve access to family planning services and the overall health of our younger population.

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